

HOME PROGRAM REQUEST FOR PAYMENT FORM

A. GENERAL INFORMATION

1. Grantee Name:		
2. Request Number:	3. Contract Number:	4. Program Year:
5. Contact Person:		6. Telephone Number:
7. Name of Property Owner Receiving Assistance:		
8. Property Address:		

B. LINE ITEMS FOR WHICH FUNDS ARE REQUESTED

ACTIVITY	HOME REQUEST	OTHER FUNDS	TOTAL FUNDS
1. Housing Rehabilitation	\$	\$	\$
Acquisition	\$	\$	\$
Reconstruction	\$	\$	\$
New Construction	\$	\$	\$
Site Improvements/ Utility Connections	\$	\$	\$
Soft Costs	\$	\$	\$
2. Less Program Income	(\$)	\$	\$
3. Administration	\$	\$	\$
4. Total this Request	\$	\$	\$

C. CERTIFICATION

I hereby state that I have included and attached all required documentation to support this request. I have satisfied all related terms and conditions of the above cited contract. I also state that the data reported above is correct.	
Date:	Signature:
Date:	Signature:

FOR THDA USE ONLY: Approval of Request for Payment

Initial Review:	Date:	Final Review:	Date
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